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Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL
For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 450

Complete if Known	
Application Number	09/807,790
Filing Date	April 18, 2001
First Named Inventor	Petr Peterka
Examiner Name	Fish, Jamieson W.
Group Art Unit	2616
Attorney Docket No.	D02207

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):_____

☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims [ ] - 20 or HP= Extra Claims [ ] x Fee ($) [ ] = Fee Paid ($) [ ]

HP=highest number of total claims paid for, if greater than 20

Multiple Dependent Claims: Fee($) [ ] Fee Paid ($) [ ]

Indep. Claims [ ] - 3 or HP= Extra Claims [ ] x Fee ($) [ ] = Fee Paid ($) [ ]

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets [ ] - 100 = Extra Sheets [ ] /50 = Number of each additional 50 or fraction thereof (round up to a whole number) [ ] x Fee ($) [ ] Fee Paid($) [ ]

4. OTHER FEE(S)

	Fee Paid ($)
Petition for 2 Mo Extension of Time	$450

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Thomas Bethea Jr.	Registration No.	53,987	Telephone	215-323-1850
Signature		Date	August 3, 2005		

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission | 14

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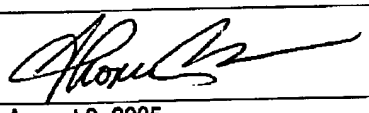
Filing Date	April 18, 2001
First Named Inventor	Petr Peterka
Group Art Unit	2616
Examiner Name	Fish, Jamieson W.
Attorney Docket Number	D02207

ENCLOSURES (check all that apply)

- [X] Fee Transmittal Form
- [ ] Fee Attached
- [X] Amendment/Reply
- [ ]
- [ ] Affidavits/Declaration(s)
- [X] Extension of time Request
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement
- [ ] Certified Copy of Priority Documents
- [ ] Response to Missing Parts/ Incomplete Application
- [ ] Response to Missing Parts Under 37 CFR 1.52 or 1.53
- [ ] Assignment Papers (for an Application)
- [ ] Drawing(s)
- [ ] Licensing-Related papers
- [ ] Petition
- [ ] Petition to Convert to a Provisional Application
- [ ] Power of Attorney, Revocation, Change of Correspondence Address
- [ ] Terminal Disclaimer
- [ ] Request for Refund
- [ ] CD, Number of CDs
- [ ] After Allowance Communication to Group
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- [ ] Proprietary Information
- [ ] Status Letter with appropriate copies
- [ ] Other Enclosure(s) (please identify below)
  - [ ] Response to Restriction Requirement
  - [ ] Associate Power of Attorney
  - [ ] RCE
  - [ ] Copy of Notice to File Missing Parts
  - ISSUE FEE
- Change of Correspondence Address

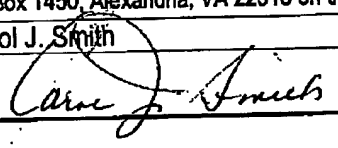
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Thomas Bethea Jr.	Registration No.	53,987
Signature			
Date	August 3, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

Typed or printed name	Carol J. Smith		
Signature		Date	August 3, 2005

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